



PREVENTION OPPORTUNITIES UNDER THE BIG SKY

SEASONAL INFLUENZA VACCINE 2013-2014: FREQUENTLY ASKED QUESTIONS

Influenza (the flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, but also remains a leading cause of death, especially during epidemic years. Older people, young children, and people with certain health conditions are at high risk for serious flu complications. The best way to prevent the flu is by getting vaccinated each year. This issue of *Montana Public Health* provides answers to questions frequently asked about influenza vaccine.

What are the components of the 2013-2014 seasonal influenza vaccine? The 2013-2014 trivalent influenza vaccine contains antigen of three viruses:

- A/California/7/2009 (H1N1)-like virus;
- A(H3N2) virus antigenically like the cell-propagated prototype virus A/Victoria/361/2011;
- B/Massachusetts/2/2012-like virus

A quadrivalent influenza vaccine is also available and contains these three antigens, and

- B/Brisbane/60/2008-like virus.

Are new vaccine formulations available in 2013-2014?

Several new, recently-licensed vaccines will be available for the 2013-2014 season. These are acceptable alternatives to other licensed vaccines for the age groups indicated and when otherwise appropriate:

- Quadrivalent live attenuated influenza vaccine (LAIV4; Flumist® Quadrivalent [MedImmune]) is expected to replace the trivalent (LAIV3) formulation. FluMist® Quadrivalent is indicated for healthy, nonpregnant persons aged 2 through 49 years;
- Quadrivalent inactivated influenza vaccine (IIV4; Fluarix® Quadrivalent [GlaxoSmithKline]) will be available, in addition to the previous trivalent formulation. Fluarix® Quadrivalent is indicated for persons aged 3 years and older;
- Quadrivalent inactivated influenza vaccine (IIV4; Fluzone® Quadrivalent [Sanofi Pasteur]) will be available in addition to the previous trivalent formulation. Fluzone® Quadrivalent is indicated for persons aged 6 months and older;
- Trivalent cell culture-based inactivated influenza vaccine (ccIIV3; Flucelvax® [Novartis]), is indicated for persons aged 18 years and older; and
- A recombinant hemagglutinin (HA) vaccine (RIV3; FluBlok® [Protein Sciences]) is indicated for persons aged 18 through 49 years.

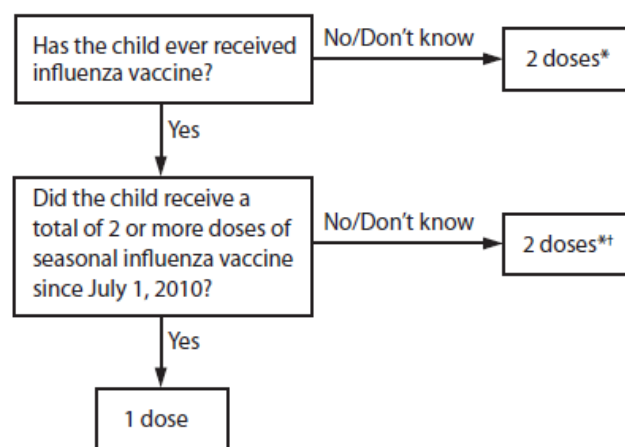
Each vaccine has approved indications and recommendations. Neither the CDC nor the FDA has

recommended a preference for use of specific vaccine as long as the vaccine is used for an approved indication.

When should influenza vaccine be given?

- In general, health-care providers should begin offering vaccination as soon as vaccine becomes available, and if possible, by October.
- All children aged 6 months to 8 years for whom 2 doses are recommended (Figure) should receive their first dose as soon as possible after vaccine becomes available; these children should receive the second dose ≥ 4 weeks later.

Figure. Influenza vaccine dosing algorithm for children aged 6 months through 8 years, 2013 – 2014 influenza season



*Doses should be administered at least 4 weeks apart. †For simplicity, this algorithm takes into consideration only doses of seasonal influenza vaccine received since July 1, 2010. (Adapted from CDC MMWR 2013; 62 (RR07); 1-43)

Can persons with a history of egg allergy receive influenza vaccine?

- An inactivated influenza vaccine that does not contain egg protein, RIV3, is now available in the United States for persons aged 18 years to 49 years.
- For persons who report egg allergy, have no known history of egg exposure but for whom results suggestive of egg allergy have been obtained on previous allergy testing, consultation with a physician with expertise in the management of allergic conditions is recommended before vaccination.

Can pregnant women receive influenza vaccine?

- Women who are or plan to be pregnant during influenza season should receive inactivated influenza vaccine (IIV). Live attenuated influenza vaccine (LAIV) is not recommended for use during pregnancy.
- Postpartum women can receive either LAIV or IIV.
- Pregnant and postpartum women do not need to avoid contact with persons recently vaccinated with LAIV.

Recommendations for health care providers*(Summary of influenza recommendations)

All persons aged ≥ 6 months should be vaccinated annually.

It is especially important to vaccinate persons at high risk for influenza-related complications, including

- Persons aged 6 months to 4 years (59 months)
- Pregnant women
- Persons aged ≥ 50 years
- A complete list of persons at high risk of developing flu-related complications can be found at [CDC](#)¹

It is also especially important to vaccinate persons who live with or care for others who are at high risk for influenza-related complications; including

- Residents of nursing homes and other long-term care facilities
- Health-care personnel in all health care settings

*Abbreviations now in use for influenza vaccines:

- **IIV**: Inactivated Influenza Vaccine (Afluria, Fluarix, FluLaval, Fluvirin, Fluzone)
(IIV3 = Trivalent IIV; IIV4 = Quadrivalent IIV)
- **LAIV** (Quadrivalent): Live, Attenuated Influenza Vaccine (FluMist)
- **RIV3**: Recombinant Influenza Vaccine, Trivalent (Flublok)
- **ccIIV3**: Cell Culture Inactivated Influenza Vaccine, Trivalent (Flucelvax)

For more information, contact the DPHHS Immunization Program at 406-444-5580.

References:

1. CDC. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations for the Advisory Committee on Immunization Practices (ACIP), United States, 2013-2014 Recommendations and Reports. MMWR September 20, 2013/ 62(RR07); 1-43. Available at: <http://www.cdc.gov/mmwr>

2,110 copies of this public document were published at an estimated cost of \$0.45 per copy, for a total cost of \$1,413.70, which includes \$464.20 for printing and \$949.50 for distribution.



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